

ATTACHMENT 1
C-86/87 MINE CREEK NS TECHNICAL PROPOSAL
(Additional Pages may be added as Needed – Include Company Name on additional sheets)

<p>1. Contractor Information:</p> <p>Company Name of Contractor: _____</p> <p>Mailing Address of Contractor: _____</p> <p>_____</p> <p>Telephone No. of Contractor: _____ (office)</p> <p>_____ (cell/mobile)</p> <p>E-mail Address of Contractor: _____ (if applicable)</p>	<p>Tax I.D. #</p> <p>_____</p> <p>DUNS #</p> <p>_____</p>
<p>2. Type of Business</p> <p> <input type="checkbox"/> Company <input type="checkbox"/> Co-Partner <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Non-profit </p>	
<p>3. Description of Services provided by Contractor:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>4. Years of experience in this line of work as a prime contractor: _____ Years</p>	
<p>5. Years of experience in this line of work as a sub-contractor: _____ Years</p>	
<p>6. List relevant projects performed by Contractor in the past 3 years:</p> <p>a. Project (Location): _____</p> <p>Contract Amount \$ _____ Period of Performance: _____</p> <p>Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name, address, and telephone number of Principal party to the Contract:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Name, address, and phone numbers of Subcontractors:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Was the work completed within the required time period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain reasons for not completing work within required time period:</p> <p>_____</p> <p>_____</p>	

b. Project (Location): _____

Contract Amount \$ _____ Period of Performance: _____

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? ____ Yes ____ No

Explain reasons for not completing work within required time period:

c. Project (Location): _____

Contract Amount \$ _____ Period of Performance: _____

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? ____ Yes ____ No

Explain reasons for not completing work within required time period:

7. Plan of Operation for accomplishing this project:

Timber Harvesting Work Items

Item	Start Work Date	# of Days to Complete	Contractual Work Dates	Fire Control Equipment
Timber Harvesting				
Erosion Control				

Field Supervisor: _____ Phone #: _____

Subcontractor Information:

item	Name	Address	City	State	Years of Experience
Timber Harvesting					
Erosion Control					

Stewardship Work Items

Item	Work Activity Description	Start Work	# Days to	Equipment
#		Date	Complete	
001	RCW Habitat Enhancement			

Field Supervisor: _____ Phone #: _____

Subcontractor Information:

Unit #	Name	Address	City	State	Years of Experience
001	RCW Habitat Enhancement				

8. Quality Control Plan:

Timber Removal

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Timber Harvesting			
Erosion Control			

Stewardship Work Items

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
RCW Habitat Enhancement			

9. Locality of Workforce:

Primary Contractor - Number of employees: _____

Number from Central Louisiana (Winn, Natchitoches, Jackson, LaSalle, and DeSoto Parishes): _____

Number from North Louisiana (Greater than 60 miles from Contract Area): _____

Number from outside North Louisiana area: _____

Subcontractor – Number of employees: _____

Number from Central Louisiana (Winn, Natchitoches, Jackson, LaSalle, and DeSoto Parishes): _____

Number from North Louisiana area: (Greater than 60 miles from Contract Area): _____

Number from outside North Louisiana area: _____

10. References:

Please have someone from your past projects fill out and return the enclosed Attachment 2 regarding your past performance by faxing the completed form to Holly Morgan by COB August 19, 2015 at FAX Number (318) 473-7117 or emailing to hmorgan@fs.fed.us.

ATTACHMENT 2
PRESENT/PAST PERFORMANCE QUESTIONNAIRE

You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax attention of Holly Morgan at (318) 473-7117 by COB on August 19, 2015. This form may also be emailed to hmorgan@fs.fed.us

SECTION A: CONTRACTOR INFORMATION

1) Contractor's Name and Address: _____

2) Point of Contact: _____

3) Phone Number: _____

4) Contract Number: _____ Contract Type: _____

5) Project Title: _____

6) Period of Performance: _____

7) Brief Description/scope of services: _____

8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

Signature of Authorized Contractor Representative

Date

Printed Name of Authorized Contractor Representative

Title

SECTION B: RESPONDENT INFORMATION

A. Name: _____

B. Position: _____

C. Telephone No: _____ FAX No: _____

D. Address: _____

E. Relationship and Time Involved with Contractor: _____

F. Date Questionnaire completed: _____

CONTRACTOR PERFORMANCE QUESTIONNAIRE

	EXCELLENT E	ACCEPTABLE A	NOT APPLICABLE NA	MARGINAL M	UNACCEPTABLE U
	Performance Element				Rating
1.	Working relationship with your Company				
2.	Experience in performing work required				
3.	Technical abilities of managers or supervisors				
4.	Knowledge of industry standards or government regulations				
5.	Provision and maintenance of operational equipment during the contract				
6.	Quality of contractor's personnel				
7.	Required personnel were available and ready to work daily				
8.	Record-keeping was accurate and timely				
9.	Compliance with Environmental/Safety/Health/Security requirements				
10.	Work was started and completed on time				
11.	Quality assurance was maintained at all times				
12.	Contractor's inspections were conducted in a timely manner				
13.	Contractor corrected inconsistent work in a timely manner				
14.	Progress of work				
15.	Overall performance of contractor				
16.	Additional Remarks				

Signature of Respondent

Date

Return to Holly Morgan by FAXing both pages to (318) 473-7117 or emailing hmorgan@fs.fed.us